

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



Jan Harry

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)

(Type or Print Clearly)

	(Type or Print	Clearly)	£ Tim, CBY	
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)		TELEPHONE
YuH	GERALD	H		847-5341
MAILING ADDRESS (Street)	Room you	(City)	(State)	(Zip Code)
1935 Hau ST	Room 401	Honocum,	Hi	96819
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE				
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
PART II ORGANIZATION NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) TELEPHONE				
	,			TELEPHONE
Hawaii Electricians	Market Enhancemen			841-6169
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
1935 Hau Street #300		Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR	PREPARING ORGANIZATION	'S EXPENDITURES STATE	MENT	TELEPHONE
Fred Kinumatsu				841-6169
MAILING ADDRESS (Street) 1935 Hau Street #300	Ti	(City) Ionolulu	(State) HI	(Zip Code) 96819
1939 Had Beleec #300	<u> </u>	onordra	111	90019
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	S E	cience, Technology & conomic Development
Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation International Affairs				
Consumer Protection & Hawaiian Affairs Labor & Employment Transportaion				
Culture, Arts, Historic Preservation	Health	Planning, Land & W Use Management	ater 🗀 C	Other: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety & Cor	rections	·
ENVIORMENTAL FIOLECTION				
PART IV CERTIFICATION OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
A me a	1		1/241	()
(Signer	ure of Lobbyist)		(Dat	
	N. ODDV			
PART V AUTHORIZATION TO		TITLE OF AUTHORIZING	OFFICER OR PE	RSON REPRESENTED
Hawaii Electricians Market Enhancement Program Fund				
NAME OF ORGANIZATION (if applicable)				TELEPHONE
1935 Hau Street,	#300, Honolulu,	ні 96819		841-6169
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
		*		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
Herall &	1 0		1/246	53
	Officer or Person Represente	ed)	(Dat	